

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746859

Entity Name: NORMANDY M ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**Current Mailing Address:**FIRST SERVICE RESIDENTIAL
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**FEI Number:** 59-1953440**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
1655 PALM BEACH LAKES BLVD.
C-500
W. PALM BEACH, FL 33401 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** LAURA M MANNING-HUDSON

03/31/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name GLAZER, LEONARD
Address 589 NORMANDY M
City-State-Zip: DELRAY BEACH FL 33484

Title P
Name WHITAKER, JIM
Address 616 NORMANDY M
City-State-Zip: DELRAY BEACH FL 33484

Title T
Name FEINMAN, ARLENE
Address 590 NORMANDY M
City-State-Zip: DELRAY BEACH FL 33484

Title SEC
Name WHITAKER, LINDA
Address 616 NORMANDY M
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name MEYER, LOU
Address 604 NORMANDY M
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name SOFIANOS, NICHOLAS
Address 619 NORMANDY M
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name ORENSTEIN, ROBERT
Address 610 NORMANDY M
City-State-Zip: DELRAY BEACH FL 33484

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JIM WHITAKER-

PRES.

03/31/2015

Electronic Signature of Signing Officer/Director Detail

Date